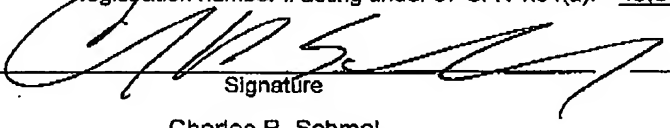


WEMMH PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	<b>RECEIVED CENTRAL FAX CENTER SEP 23 2005</b>
<b>FY 2005</b>		3436-13	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			
Application Number	10/643,197	Filed	August 18, 2003
For	William A. BASTIAN II, entitled "INVENTORY SYSTEM WITH IMAGE DISPLAY"		
Art Unit	2635	Examiner	Shimizu, Matsuichiro
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ 60
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> Applicant/inventor.			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>45,082</u>			
<input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>45,082</u>			
		September 23, 2005	
Signature		Date	
Charles P. Schmal		(317) 634-3456	
Typed or Printed Name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			

CPS.le 363443

Facsimile Transmitted to (571) 273-8300

WEMMH #208378 (Rev. 7/05)